

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-016251

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2209

FILED APR 29 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kan sas City	
Length of stay in 1b 43 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctor's Hospital		d. STREET ADDRESS (If outside, give location) 7009 Paseo	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Dr. August C. Ruhl		4. DATE OF DEATH Month Day Year April 10 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-21-1881
9. AGE (last birthday) 81		10. BIRTHPLACE (City and state or country) Columbia, Illinois	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chiropractor		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Ruhl		13b. MOTHER'S MAIDEN NAME Dorothea Seibert	
14. NAME OF HUSBAND OR WIFE Augusta Ruhl		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Mrs. Augusta Ruhl, 7009 Paseo, K. C.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia about 24 hours DUE TO (b) Chronic Myocarditis 1 yr. DUE TO (c) General Arteriosclerosis 15 yrs.		INTERVAL BETWEEN ONSET AND DEATH 24 hours 1 yr. 15 yrs.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour - Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	

21. I attended the deceased from Nov. 1959 - April 10 1963 and last saw him alive on April 10 1963 Death occurred at 11:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) A. B. Boyer D.O.	22b. ADDRESS 5529 Troost, KCMO
22c. DATE SIGNED 4/11/63	22d. LOCATION (City, town, or county) (State) Kansas City, Missouri
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-13-1963
23c. NAME OF CEMETERY OR CREMATORY Floral Hills	23d. LOCATION (City, town, or county) Kansas City, Missouri
24. FUNERAL DIRECTOR Floral Hills Funeral Home Kansas City, Missouri	25. DATE RECD. BY LOCAL REG. 4-12-63
26. REGISTRAR'S SIGNATURE Ruth Long	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF A. B. Boyer

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1 3008

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5-3-5

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.